

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/678,765
	Filing Date	October 2, 2003
	First Named Inventor	Serbedzija, George N.
	Title	METHODS OF SCREENING AGENTS FOR ACTIVITY USING TELEOSTS
	Art Unit	1632
	Examiner Name	Valarie E. Bertoglio
	Attorney Docket Number	018852-000511US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or
Individual Name

Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Patricia McGrath</i>		Date	4/15/08
Name	Patricia McGrath	Telephone	617-441-6700 X301	
Title and Company	President & CEO, Phytonix			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 form is submitted.